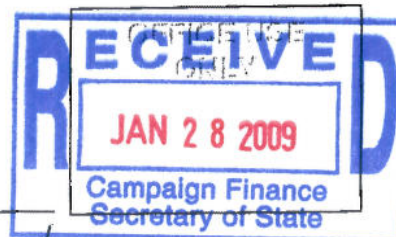


2008 ELECTION CYCLE
CPR - SS 08-01(b)

**CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Bob EVANS
Address P.O. Box 636, Monticello, MS 39654 County LAWRENCE
Telephone (Work) (601) 587-0615 (Home) (601) 587-9313 (Fax) (601) 587-0623
Contact Name Bob EVANS Email Address BEVANS@house.ms.gov
Office Sought Representative - Dist. 91 Political Party Democratic

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

- ☐ **October 28, 2008 Pre-Election Report** (January 1, 2008, through October 25, 2008).....Mandatory
☐ **November 18, 2008 Pre-Runoff Report** (October 26, 2008, through November 15, 2008).....Runoff Candidates
☒ **January 31, 2009 Annual Report** (January 1, 2008, through December 31, 2008).....Mandatory
☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
(2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (II) and (III).
(3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
(4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions \$	800 — + \$ 100 —	\$ 900 —	\$ 900 —
Total amount of disbursements \$	— 0 — + \$ — 0 —	\$ — 0 —	\$ — 0 —
Total amount of cash on hand		\$ 1,408.82	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

(Signature of Candidate)

(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

- SEND TO:**
1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
 2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

34167

Page 1 of 1

Name of Candidate or Committee

Bob Evans

Reporting period

JAN. 1, 2008 through DEC. 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS. Dental PAC</u>		<u>09/10/08</u>	\$ <u>300.-</u>
Mailing Address <u>2630 Ridgewood Rd., Ste. C</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>JACKSON MS 39216-4920</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>300.-</u>
B. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>AT&T PAC</u>		<u>12/22/08</u>	\$ <u>500.-</u>
Mailing Address <u>175 E. Capital St., Suite 702</u>		<u>___/___/___</u>	\$
City, State, Zip Code <u>JACKSON MS 39201-2135</u>		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>800.-</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	\$
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>___/___/___</u>	\$
Mailing Address		<u>___/___/___</u>	\$
City, State, Zip Code		<u>___/___/___</u>	\$
Name of Employer (Required)		<u>___/___/___</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

BOB EVANS
Representative for District 91
P.O. Box 636
540 E. Broad Street
Monticello, MS 39654
(601) 587-0615
(601) 587-0623 [fax]
BEvans@house.ms.gov

To: SOS Elections Division @ (601) 359-1499 [fax]
From: Bob Evans, Representative-Elect for Dist. 91, @ (601) 587-0615
Date: January 28, 2009
Page(s): three (3) including cover sheet
Re: Annual Report- January 01, 2008, through December 31, 2008

IF THIS DOCUMENT IS ILLEGIBLE OR IF YOU DO NOT RECEIVE IT IN ITS ENTIRETY,
PLEASE ADVISE ME OF SUCH AT THE TELEPHONE NUMBER LISTED ABOVE.

ATTENTION

This facsimile transmission is intended only for the addressee named above. It contains information that is privileged, confidential or otherwise protected from use and disclosure. If you are not the intended recipient, you are hereby notified that any review, disclosure, copying or dissemination of this transmission or the taking of any action in reliance on its contents or any other use is prohibited. If you have received this transmission in error, please telephone me immediately so that I can arrange for its return. Thank you for your assistance and cooperation.